

FORM TO BE USED IN FILING COMPLAINT UNDER  
THE CIVIL RIGHTS ACT, 42 U.S.C. 1983

FILED  
ASHEVILLE, N.C.

2001 FEB 14 AM 11:21

IN THE DISTRICT COURT OF THE UNITED STATES  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA

DISTRICT COURT  
W. DIST. OF N.C.

DIVISION

1:01CV36-MU-2

(Leave this space blank)

*original*

Wayne Thomas Johnson / Demands Jury Trial  
P.O. Box 2405  
Marion, NC 28752  
(Enter the full name and address of the  
plaintiff or plaintiffs)

v.

Dean Walker, S. Presnell,  
off Painter, Sue Medford,  
Tommy Maddox, Jim Dunlap, Freddie Sherrell  
PRISONER NO. 0213350  
(Enter the full name and address of the  
defendant or defendants) Same address

I. Have you begun other lawsuits in state or federal court  
dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ☒

If your answer is "Yes", describe each such lawsuit in the space  
below (or on additional sheets if necessary):

Who was (were) the plaintiff(s) in the previous lawsuit?

n/a

Who was (were) the defendant(s) in the previous lawsuit?

n/a

In what court was the suit brought? (If in federal court, name the  
district; if in state court, name the county)

n/a

Date suit was filed: n/a

Docket number (if known): n/a

How did the lawsuit end? (For example, was it dismissed? Was it tried? Was it appealed? Is it still pending?)

n/a

II. Place of present confinement: Marion Corr. Inst.  
P.O. Box 2405, Marion, N.C. 28752  
(Give name and address of place of confinement)

III. Give name and address of person to contact should your address change:

N.C. Dept. of Correction, 831 W. Morgan St.  
Raleigh, N.C. 27602

IV. Parties

(In item A below place your name and address first. List the names and addresses of any other plaintiffs.)

A. Wayne Thomas Johnson  
P.O. Box 2405, Marion, N.C. 28752

(In item B below place the full name of the defendant, his official position and his place of employment in the first blank. List the names, official positions and places of employment of any other defendants in the remaining space.)

B. Jim Dunlap is employed as a Part Supr.  
Marion Dept. of Corr at Marion, N.C. 28752  
Dean Walker, Supt 1, M.C.I. P.O. Box 2405,  
Marion, N.C. 28752, S. Presnell, Corr. Officer  
M.C.I. P.O. Box 2405, Marion, N.C. 28752, Sus  
Medford, Medical Supr. " " " " "  
Tommy Maddox Spt. " " " " "  
Freddie Shetterl, Part Counselor " " " " "  
Officer Painter, Correctional Officer, " " " " "

## V. Statement of claim

State here BRIEFLY the **FACTS** of your case. Tell what each defendant did. Include also dates, places and the names of other persons involved. If you intend to allege a number of related claims, number and set forth each claim in a SEPARATE PARAGRAPH. Use as much space as you need. Attach extra sheets if necessary.

(Jurisdiction)

THE Court has Jurisdiction over the Plaintiff's claims of violation of Federal Constitutional rights under 42 U.S.C. § 1331(a) and 1343.

(Facts)

(1). That on or about 10-16-00, Plaintiff was granted a temporary leave by the Director of Prisons, J.D. French. Plaintiff had a medical emergency, an operation. That plaintiff was taken out of the Dart Program and never re-entered in the computer for the Dart Program.

(2). That on or about 10-23-00, \$5.00 was taken or levied against Plaintiff's Prison account for the above emergency, Sue Medford, Defendant was responsible for this action.

(3). That on or about 11-3-00, Plaintiff requested a cell movement to get away from the noise level. Defendant Maddox displayed very irrational and racially motivated discrimination toward Plaintiff concerning <sup>ing</sup> this move that he denied.

(4) That on or about October 21, 00 Defendant Presnell did search Plaintiff's cell down, during this search Defendant Presnell read some of the contents of Plaintiff's Trial Transcript, that Plaintiff's case is still under appeal. 5) That on or about 1-17-01, Defendant Sherrell cursed the Plaintiff while engaging in Concer-

#### VI. Relief

State BRIEFLY exactly what you want the court to do for you.

Wherefore Plaintiff request that the Court grant the following relief:

A. Issue a declaratory Judgment stating that:

(1) The racial Discrimination by defendants Maddox, Dunlap, Sherrell and Walter Violated the Plaintiff's rights under Due Process and Equal Protection of Law of the 14th amendment

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Keane Thomas Johnson

(Signature of plaintiff or plaintiffs.)  
All who are plaintiffs must sign.

VERIFICATION:

I (We) declare UNDER PENALTY OF PERJURY that the foregoing statements are true and correct to the best of my (our) knowledge, except as to those matters that are stated in it on information and belief, and as to those matters I (We) believe them to be true.

Wayne Thomas Johnson

(Signature of plaintiff or plaintiffs)

IN FORMA PAUPERIS AFFIDAVIT

I, Wayne Thomas Johnson, attest under penalty of perjury that I am the petitioner in the above-entitled case; that I am a pauper and because of my poverty I am unable to pay the costs or to give security to prosecute this action.

I further attest under penalty of perjury that the responses which I have made to questions and instructions below are true.

1. Are you presently employed? Yes [ ] No [☒]
  - a. If the answer is "Yes", state the amount of your salary or wages per month, and give the name and address of your employer.  
NA
  - b. If the answer is "No", state the date of last employment and the amount of the salary and wages per month which you received.  
December 1997 \$480.00
2. Have you received within the past twelve months any money from any of the following sources?
  - a. Business, profession or form of self-employment? Yes [ ] No [☒]
  - b. Rent payments, interest or dividends? Yes [ ] No [☒]
  - c. Pensions, annuities or life insurance payments? Yes [ ] No [☒]
  - d. Gifts or inheritances? Yes [ ] No [☒]
  - e. Any other sources? Yes [ ] No [☒]

If the answer to any of the above is "Yes", describe each source of money and state the amount received from each during the past twelve months: NA

3. Do you own case, or do you have money in a checking or savings account? Yes [ ] No [☒] (Include any funds in prison accounts.)

If the answer is "Yes", state the total value of the items owned:

n/a

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes [ ] No [☒]

If the answer is "Yes", describe the property and state its approximate value: n/a

5. Do you have any debts or loans outstanding? Yes [ ] No [☒]

If the answer is "Yes", list to whom debts are owed, the amount of the debt, and the amount of any payments currently due: n/a

6. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support: None

I declare UNDER PENALTY OF PERJURY that the foregoing is true and correct.

I understand that a false statement or answer to any questions in this affidavit will subject me to penalties for perjury.

Carrie Thomas Johnson  
Petitioner's signature  
(Required as to each Petitioner)

C E R T I F I C A T E

I hereby certify that the petitioner herein has the sum of  
\$ 0 on account to his credit at the MARION CORRECTIONAL  
institution where he is confined. I further certify that petitioner  
likewise has the following securities to his credit according to the  
records of said MARION CORRECTIONAL institution: NA

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This 9<sup>th</sup> day of FEBRUARY, 1900 01.

  
Authorized Officer of Institution

**PRISONER CONSENT FORM**

I hereby give permission to the Authorized Officer of the Institution in which I am housed,  
Melvin Carr, Inst. to release a copy of my Commissary Account Statement to  
the United States District Court for the Western District of North Carolina for the time period  
beginning sixty (60) days before I signed my Application to Proceed In Forma Pauperis.

I recognize that the Court may consider my Commissary Account Statement in ruling on my  
Application to Proceed In Forma Pauperis. I recognize also that my Commissary Account Statement  
reflects the deposits and credits to my Commissary Account.

Elmer Thomas Johnson  
Signature and Prisoner Number 0923350

Witnesses:

(who must be on the staff of the Institution where housed)

1. \_\_\_\_\_
2. \_\_\_\_\_

*staff refused*



(Statement of claim Continued)

Sation about getting back in the Dart program, that Plaintiff is Court ordered to attend.

(6). Defendant Walker, is the Superintendent of Marion Corr Institution, and is responsible for the Supervising, hiring and Training all employees there of;

(Indirect Participation, a Defendant maybe held liable if the Defendant set in motion @ Series of events " that he or she knew or reasonably should have known would cause @ Constitutional violation, even if others actually performed the violation, officials who set policy, write regulations, or give orders may be liable even if they are not directly involved in enforcing them against the individual.

(7). Defendant Dunlap has refused to pay Plaintiff back in the Dart program, after Plaintiff has written several letters to the Defendant begging to get back in, by doing so Defendant Dunlap has Discriminated against Plaintiff

(Access to the Courts)

1). That on 2-8-01, Defendant Painter refused to let ME out, or to staple these papers together this happened at 10:45 A.M.

This is not an isolated incident officer/Defendant Presnell has done this on numerous occasions.

2). Plaintiff also avers that through the Hiring, Supervision and Training Defendant Walker also has denied ME access to the Courts;

Note: The Supreme Court has stated, "It is now established beyond doubt that Prisoners have @ Constitutional Right of access to the Courts.

The Courts have cited the Due Process Clause, the Equal Protection Clause, the first amendment, and the Privileges and Immunities clause of Article IV of the Constitution as the Basis for the right.

Plaintiff cites racial Discrimination as the main factor in these events with the exception of Defendant Medford.

Note: There are No Caucasian Peer Counsels in the Dart program here. Plaintiff asserts the African Americans have on several occasions went to Segregations and allowed to complete the program.

(8) Defendant Painter on or about the 15<sup>th</sup> of December 2000, did search the Plaintiff's cell and completely demolish it, trying to read Plaintiff's personal mail, and leaving Plaintiff cell not the way he found it.

Plaintiff avers that all Defendants have acted under color of state law while in the scope of their employment.

Plaintiff further avers that all Defendants are hereby sued in their individual capacities and with respect to their character and conduct.

(Relief continued)

to the United States Constitution

2). Defendant Walkers failure to take action to curb these actions, violated the Plaintiff's rights of Due Process and Equal Protection under the 14<sup>th</sup> amendment to the U.S. Constitution, citing racial Discrimination.

3). Defendants Painter and Presnell Violated Plaintiff's rights under 1<sup>st</sup> 4<sup>th</sup> 8<sup>th</sup> and Fourteenth amendments to the United States Constitution, in that Plaintiff, even though in Prison, is entitled to @ minimal amount of privacy. Cases still under court order, by way of appeal is the personal property of the plaintiff and the Courts.

Undue harassment is another form of cruel and unusual punishment.

4). Defendant Medford Violated Plaintiff's rights by having \$5.00 taken away from Plaintiff's account for @ life threatening situation. Plaintiff avers that the Federal Government already pays for Plaintiff's health needs.

B. Issue an injunction ordering defendants Walker and Dunlap or their agents to:

1). Immediately arrange for the Plaintiff \$5.00 to be put back in his account.

2). Immediately reinstate Plaintiff to the Jart program that is under Court order.

3). Immediately carry out without Delay actions, that will cease and end all racial discriminatory acts at the Marion Correctional Facility.

C. Issue an injunction,

(1) ordering Defendant Walker to personally make the necessary adjustments, and to personally tour the Marion Institution so that any Inmates may speak with him, who has a legitimate complaint and to create an open door policy.

(2) To assure Plaintiff, that there will be no retaliatory actions taken, against the Plaintiff for asserting his Constitutional Rights.

D. Award Compensatory Damages in the following amounts:

1. \$10,000 jointly and Severally against Defendants Painter, and Presnell for emotional and psychological injuries; and @ minimal amount of privacy.

2. \$25,000 jointly and Severally against Defendants Walker, Dunlap and Medford, eventful, that did emotionally injure the Plaintiff by discrimination, loss of money and violation of Plaintiff's Constitutional Rights, under Due Process and Equal Protection of the Laws.

E. Award punitive Damages in the following amounts:

1. \$20,000 each against defendant Maddox and Shertell for their racial and otherwise Discrimination; A Jury Trial, and

F. Grant such other and further relief as it may appear that the Plaintiff is entitled.

This is Day 5  
Kool

Respectfully Submitted  
Esther Thayer Johnson



**NORTH CAROLINA DEPARTMENT OF CORRECTION  
DIVISION OF PRISONS  
ADMINISTRATIVE REMEDY PROCEDURE**

1. Inmate Name: WAYNE JOHNSON 2. Inmate No.: 0213350  
 3. Location: F-3-3-10 4. Date: 1-22-01  
 5. Grievance Statement: I still don't have my \$5.00 that was deducted from my account for the true emergency I had back in October when I had my operation. My gallbladder was removed at that time, with the gallstones. This has been more than 60 days now. Medical unit Mr. Cothren said I would get my money back.

6. What remedy would resolve your grievance?: to put the \$5.00 back into my account

7. Inmate Signature: Wayne Johnson

OFFICIAL USE

8. Date received: 1/12/01

9. [Signature]  
Receiving Officer Signature

10. ☐ This grievance is returned and can only be accepted when your current grievance completes step two.

11. Date delayed: 1/1/01

12. [Signature]  
Screening Officer Signature

13. The grievance is rejected for the following reason(s): (Enter Code) \_\_\_\_\_

- A. State or Federal Court Decision
- D. Action not yet taken
- G. More than one incident
- J. Beyond control of DOC

- B. Parole Commission Decision
- E. Exceeds 1 year time limit
- H. ARP procedures not followed

- C. Appeals disciplinary action
- F. Remedy for another inmate
- I. Violates Disciplinary No. 38

If grievance is rejected, # 13, # 14, # 15, and # 16 are completed by the Screening Officer, a photocopy of grievance is forwarded to Superintendent for review, and the original grievance is returned to inmate.

14. Rejection Justification: \_\_\_\_\_

15. Date rejected: 1/1/01

16. [Signature]  
Screening Officer Signature

17. Date accepted: 1/25/01

18. [Signature]  
Screening Officer Signature

19. Grievance No.

F3730-01-3032

Item #13, 15, or 17 to be completed within 3 calendar days of item #8.

Distribution: White to point of final disposition, Blue for Unit record; Green to inmate.

**NORTH CAROLINA DEPARTMENT OF CORRECTION  
DIVISION OF PRISONS  
ADMINISTRATIVE REMEDY PROCEDURE**

**Step One - Unit Response**20. Grievance No.: **F-3730-00-3511**22. Inmate No.: **0213350**21. Inmate Name: **WAYNE JOHNSON**

23. Grievance Response (Item #25 to be completed within 15 calendar days of date in item #17):

I have reviewed your complaint and submit the following. I have discussed this situation with the DART staff. Mr. Sherrill states that he has discussed this matter with you. He will meet with the DART supervisor next week in an attempt to have you reinstated to the program.

No further Action Recommended.

David Cothron, Unit Manager

24. Date: 12-31-0026. (A) ☐ Agree with grievance response27. Date: 12-31-0025. [Signature]  
Superintendent Signature(B) ☒ Appeal to Step Two (24-hour limit)28. Wayne Johnson  
Inmate Signature**Step Two - Area/Complex/Institution Response**

29. Step two response (Item #31 to be completed within 20 calendar days of date in item #27):

You were enrolled in the MCI Dart Program three times and each time you failed to complete the requirements. You will not be reinstated in the program.

No further action recommended.

30. Date: 1-19-01 Sid Harkleroad32. (A) ☐ Agree with grievance response33. Date: 1-19-0131. [Signature]  
Administrator Signature(B) ☐ Appeal to Secretary, DOC (24-hour limit)34. Wayne Johnson  
Inmate Signature

DISTRIBUTION: White to point of final disposition; Blue for Unit Record; Green to Inmate



**NORTH CAROLINA DEPARTMENT OF CORRECTION  
DIVISION OF PRISONS  
ADMINISTRATIVE REMEDY PROCEDURE**

1. Inmate Name: Wayne Johnson 2. Inmate No.: 0213350  
3. Location: F-3-5-10 4. Date: 12-13-00  
5. Grievance Statement: On 10-16-00 I went to the hospital  
in Valdese and had an operation to remove  
My Gallbladder. I reintegrated the institution  
on 10-23-00. at that time I was put on Bed  
rest per the Institutional Doctor. after healing  
I attempted to resume my Dart program, that  
is court ordered. I would attend at any rate  
because I have a problem, I am an alcoholic.  
I don't have any problem with the Dart staff  
This past Friday I was called by one of the  
case workers and ask why I wasn't in Dart.  
She told me that I was not in the computer  
as being in Dart.  
6. What remedy would resolve your grievance?: to be put back in the computer and in the  
program. I want and need this program.  
7. Inmate Signature: Wayne Johnson

**OFFICIAL USE**

8. Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. \_\_\_\_\_  
Receiving Officer Signature

10. ☐ This grievance is returned and can only be accepted when your current grievance completes step two.

11. Date delayed: \_\_\_\_/\_\_\_\_/\_\_\_\_

12. \_\_\_\_\_  
Screening Officer Signature

13. The grievance is rejected for the following reason(s): (Enter Code) \_\_\_\_\_

- |   |                                       |  |
|---|---------------------------------------|--|
| <b>A. State or Federal Court Decision</b> | <b>B. Parole Commission Decision</b>  | <b>C. Appeals disciplinary action</b>  |
| <b>D. Action not yet taken</b>            | <b>E. Exceeds 1 year time limit</b>   | <b>F. Remedy for another inmate</b>    |
| <b>G. More than one incident</b>          | <b>H. ARP procedures not followed</b> | <b>I. Violates Disciplinary No. 38</b> |
| <b>J. Beyond control of DOC</b>           |                                       |  |

If grievance is rejected, # 13, # 14, # 15, and # 16 are completed by the Screening Officer, a photocopy of grievance is forwarded to Superintendent for review, and the original grievance is returned to inmate.

14. Rejection Justification: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Date rejected: \_\_\_\_/\_\_\_\_/\_\_\_\_

16. \_\_\_\_\_  
Screening Officer Signature

17. Date accepted: 11/11/11 18. [Signature]  
Screening Officer Signature

**19. Grievance No.**

**Item #13, 15, or 17 to be completed within 3 calendar days of item #8.**

**Distribution:** White to point of final disposition, Blue for Unit record; Green to inmate.

**NORTH CAROLINA DEPARTMENT OF CORRECTION  
DIVISION OF PRISONS  
ADMINISTRATIVE REMEDY PROCEDURE**

**Step One - Unit Response**

20. Grievance No.: F-3730-00-3398

21. Inmate Name: WAYNE JOHNSON

22. Inmate No.: 00213350

23. Grievance Response (Item #25 to be completed within 15 calendar days of date in item #17):

As you discussed with the F-Unit Assist Manager, staff has been instructed to examine the content of over sized envelopes and packages prior to them being placed in the mail. This does not apply to legal mail. Staff has been informed of this and per your conversation, your grievance is resolved.

No further Action Recommended.

Garland Patton, Unit Manager

24. Date : \_\_\_\_\_

25. \_\_\_\_\_  
Superintendent Signature

26. (A) ☒ Agree with grievance response

(B) \_\_\_\_\_ Appeal to Step Two (24-hour limit)

27. Date: 10-27-00

28. Wayne Johnson  
Inmate Signature

**Step Two - Area/Complex/Institution Response**

29. Step two response (Item #31 to be completed within 20 calendar days of date in item #27):

30. Date : \_\_\_\_\_

31. \_\_\_\_\_  
Administrator Signature

32. (A) \_\_\_\_\_ Agree with grievance response

(B) \_\_\_\_\_ Appeal to Secretary, DOC (24-hour limit)

33. Date: \_\_\_\_\_

34. \_\_\_\_\_  
Inmate Signature

DISTRIBUTION: White to point of final disposition; Yellow to Area if appealed; Blue for Unit Record; Green to Inmate

3510

1. Inmate Name: Wacques Johnson 2. Inmate No.: 0213350  
3. Location: F-3-S-10 4. Date: 10-9-00  
5. Grievance Statement: at approximately 9:05 P.M. I approached  
officers Presnell and officer Church about putting  
a legal size envelope in the Mailbox, that I was advised  
by Mailroom Personnel to do. It's too large for the hole  
in the Box. This legal matter's concerning my case that's  
on appeal. This attorney client Privilege Mail is not to  
be opened by a Guard "unless" given written notice that  
is suspected to contain contraband. This also is denying  
me access to the Court. Denies Due Process and Equal  
Protection clause of Article IV of the Constitution as  
basis for the Right "Privileged" mail-Attorney client.  
"See Attachment."

6. What remedy would resolve your grievance? That officers not be allowed to open outgoing "Privileged Mail"

7. Inmate Signature: Raymond Johnson

**OFFICIAL USE**

8. Date received:        /        /       

9. \_\_\_\_\_  
Receiving Officer Signature

10. ☐ This grievance is returned and can only be accepted when your current grievance completes step two.

11. Date delayed: \_\_\_\_/\_\_\_\_/\_\_\_\_

12. \_\_\_\_\_  
Screening Officer Signature

13. The grievance is rejected for the following reason(s): (Enter Code) \_\_\_\_\_

- |                                    |                                |                                 |
|------------------------------------|--------------------------------|---------------------------------|
| A. State or Federal Court Decision | B. Parole Commission Decision  | C. Appeals disciplinary action  |
| D. Action not yet taken            | E. Exceeds 1 year time limit   | F. Remedy for another inmate    |
| G. More than one incident          | H. ARP procedures not followed | I. Violates Disciplinary No. 38 |
| J. Beyond control of DOC           |                                |                                 |

If grievance is rejected, # 13, # 14, # 15, and # 16 are completed by the Screening Officer, a photocopy of grievance is forwarded to Superintendent for review, and the original grievance is returned to inmate.

14. Rejection Justification: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Date rejected:    /    /

16. \_\_\_\_\_  
Screening Officer Signature

17. Date accepted: 10/1/11 18. [Signature]  
Screening Officer Signature

19. Grievance No. \_\_\_\_\_

**Item #13, 15, or 17 to be completed within 3 calendar days of item #8.**

**Distribution:** White to point of final disposition, Blue for Unit record; Green to inmate.

IBSR176 (76)

NORTH CAROLINA DEPARTMENT OF CORRECTION  
INITIAL PAYMENT FOR FILING FEE  
INMATE : 0213350 - JOHNSON, WAYNE  
DATE : 02/09/2001

02/09/01  
14:26:29  
PAGE 1

CURR LOC : 3730 - MARION CI  
STATUS : A - ACTIVE  
HOLDS : \$ 0.00  
CANTEEN LMT : \$ 0.00  
DEBTS : \$ 161.50  
CURR.BAL : \$ .00  
PCT : 100% SALES : \$ 0.00  
SPENDABLE : \$ 0.00

DATE RANGE	MONTHLY AVERAGE DEPOSITS	MONTHLY CURRENT BALANCES
-----	-----	-----
08/13 - 09/11	\$ 0.00	\$ 0.00
09/12 - 10/11	\$ 2.00	\$ 0.00
10/12 - 11/10	\$ 0.00	\$ 0.00
11/11 - 12/10	\$ 0.00	\$ 0.00
12/11 - 01/09	\$ 25.00	\$ 0.09
01/10 - 02/08	\$ 0.00	\$ 0.00

AVERAGE OVER 6 MONTHS  
DEPOSITS : \$ 4.50  
BALANCES : \$ 0.02

CALCULATED INITIAL PAYMENT : \$ 0.90

IBSR140 (60)

NORTH CAROLINA DEPARTMENT OF CORRECTION  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 3730 - MARION CI  
 FOR: 08/01/00 - 01/31/01

02/09/01  
 14:27:05  
 PAGE 1

ACCT. NAME: JOHNSON, WAYNE  
 BED: FU3S-010

ACCT#: 0213350  
 TYPE: INMATE

ENDING BALANCE 01/31/01 \$ 0.00 INCLUDES CANTEEN LIMIT OF \$ 0.00

BATCH				REFERENCE					
DATE	NBR.	TYPE		NUMBER	FACL	+/-	AMOUNT		BALANCE
----	----	----		-----	----	---	-----		-----
01/21/01	007	CASHLS	CANTEEN-I	2001-01-19	3730	- \$	0.09	\$	0.00
12/21/00	042	CASHLS	CANTEEN-I	2000-12-21	3730	- \$	7.41	\$	0.09
12/20/00	023	FILING	FEE WTH	1024001503B	3730	- \$	5.00	\$	7.50
12/20/00	023	COPAY	WITHDRAWAL	0927001925I	3730	- \$	0.50	\$	12.50
12/20/00	023	COPAY	WITHDRAWAL	0831001005I	3730	- \$	3.00	\$	13.00
12/20/00	023	COPAY	WITHDRAWAL	0824000940I	3730	- \$	3.00	\$	16.00
12/20/00	023	COPAY	WITHDRAWAL	0725000915I	3730	- \$	3.00	\$	19.00
12/20/00	023	COPAY	WITHDRAWAL	0608000950I	3730	- \$	3.00	\$	22.00
12/20/00	016	MONEY	ORDER DEP.	85888872808	3730	+ \$	25.00	\$	25.00
09/20/00	034	CASHLS	CANTEEN-I	2000-09-20	3730	- \$	0.34	\$	0.00
09/19/00	034	CASHLS	CANTEEN-I	2000-09-19	3730	- \$	1.66	\$	0.34
09/18/00	011	DRAW	FORWARDED	CASH	3730	+ \$	2.00	\$	2.00

BEGINNING BALANCE 08/01/00 \$ 0.00

DEBT	DEBT			AMOUNT OF	AMOUNT
DATE	TIME	TYPE OF DEBT		DEBT	STILL OWED
-----	-----	-----	-----	-----	-----
09/27/00	19:25	MEDICAL	-SICK CALL WITH NURSE	\$ 3.00	\$ 2.50
10/24/00	15:03	FILING FEES	-CASE#5:00-CT-490-F3	\$ 150.00	\$ 145.00
11/27/00	11:30	DENTAL	-SICK CALL/DENTIST	\$ 3.00	\$ 3.00
11/27/00	19:45	MEDICAL	-SICK CALL WITH NURSE	\$ 3.00	\$ 3.00
11/30/00	08:15	DENTAL	-SICK CALL/DENTIST	\$ 3.00	\$ 3.00